



Date Received: _____

APPLICATION FOR RESIDENCY for Near Market Rental Rate Suites

1. Applicant:

(PLEASE PRINT CLEARLY)

Name:		
Date of birth:	SIN:	Phone:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Landlord Contact:		
Phone:	Email:	Fax:
Current employer:		
Address:		How long?
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Employer Contact:		
Phone:	E-mail:	Fax:

2. Co-Applicant:

Name:		
Date of birth:	SIN:	Phone:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Current employer:		
Address:		How long?
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Employer Contact:		
Phone:	E-mail:	Fax:

Do you have any household pets?
Parking required?

Yes No
 Yes No

If yes, number of pets _____
Number of vehicles you own _____

3. Professional Performing Arts and/or Allied Professions

Please **attach a resume and/or a work history** to substantiate your/co-applicant's career in the professional performing arts or allied professions.

Please indicate your primary professions in the performing arts industry, and the numbers of years worked.

Profession/Trade	Years worked
Profession/Trade	Years worked

Please list your affiliations with professional performing arts associations, organizations or unions.

1.	3.
2.	4.

4. Residency History:

Canadian Citizen Landed Immigrant Other If Other, please explain:

How long have you lived in Canada? _____

How long have you lived in British Columbia?

Please list your address(es) for the past 2 years.

Address	From Date	To Date	Name of Landlord	Landlord Phone #
		Present		

5. Personal References (excluding family members)

Name	Address	Phone	Relationship to Applicant
1.			
2.			
3.			

6. DECLARATION: Please read and sign this statement.

I/We hereby apply for tenancy at the PAL Vancouver 581 Cardero Street, Vancouver.

I/We understand that this application does not constitute an agreement on the part of PAL Vancouver to provide accommodation.

I/We understand that it is the responsibility of the applicant(s) to advise PAL Vancouver of any changes to the information given in this application and to provide any supporting materials required.

It is the applicant(s) understanding that:

Pursuant to the Freedom of Information and Protection of Privacy Act, PAL Vancouver is authorized to make any inquiries necessary to verify information given in this application and any person, corporation or social agency may release to PAL Vancouver any information pertinent to the assessment of this application.

I/We certify that, to the best of my/our knowledge, the information on this form is true, correct and complete in every respect and can be verified by PAL Vancouver.

Signature of Applicant	Date
Signature of Co-Applicant	Date